

03-03-06

PATENT
[Signature]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Beckmann, F.

Application No.: 09/666,951

Filed: 09/20/2000

For: HOLLOW SECTION WITH INTERNAL REINFORCEMENT AND METHOD OF PRODUCING THE HOLLOW SECTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- Transmitted herewith is an Amendment, Submission of Corrected Drawings and Supplemental Information Disclosure Statement for this application.

STATUS

- Applicant is other than a small entity.

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$120.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

X deposited with the United States Postal Service in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)
with sufficient postage as first class mail.

37 C.F.R. § 1.10*
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02 FC:1251

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Date: 3-2-06

Shelley L. Erle
Signature
Shelley L. Erle
(type or print name of person certifying)

* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY					
CLAIMS								
REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE			ADDIT. FEE	
TOTAL	1 - 20 = 0	x \$ 50.00	=	\$ 0.00			\$ 0.00	
INDEP.	1 - 3 = 0	x \$ 200.00	=	\$ 0.00			\$ 0.00	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$ 0.00	=	\$ 0.00	
						TOTAL ADDIT. FEE		\$ 0.00

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$300.00 (\$120.00 extension fee and \$180.00 Supp. IDS fee).

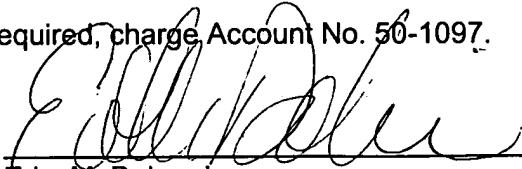
Charge any additional fees required by this paper or credit any overpayment to deposit account no. 50-1097.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date: March 2, 2006


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